Soft-shell Clam Transplant Permit

Record of Transplanting Activity

INSTRUCTIONS: The following information should be recorded during the transplanting activity. This form should then be filed and used to complete the Annual Management Review: Summary of Seeding/Reseeding Activities.

Date of Activity: _____**Supervisor:** _____

Amount Dug: _____**Average Size:** _____**Size Range:**_____

Source (if Hatchery): _____

Source Flat: _____**Receiving Flat:** _____

Was predator netting used?   ☐ Yes ☐ no

Was the flat prepared in any way? ☐ Yes ☐ no

The area will be closed until: _____

Number of Crew: _____

The remainder of the page may be used to record the names of those in attendance.